

**OUTSTANDING AMBULANCE SERVICE
AWARD NOMINATION FORM**

Please mail this form to EMS Awards, Community Health and EMS Section, P.O. Box 110616, Juneau, AK 99811-0616 or fax it to EMS Awards, (907) 465-4101 **so that it is received by Friday, September 13, 2002.**

Name and Title of Person Submitting Nomination:

Telephone number of Person Submitting Nomination: _____ (Work) _____ (Home)

Name of Ambulance Service Organization Nominated:

Location:

Name of Chief or EMS Captain:

Service Level Provided: BLS _____ Certified?
ALS _____ Certified?

Number of Paid Personnel: EMT-I ____, EMT-II ____, EMT-III ____, EMT-P
ETT ____, R.N. ____, OTHER

Total Paid Personnel:

Number of Volunteer Personnel: EMT-I ____, EMT-II ____, EMT-III ____, EMT-P
ETT ____, R.N. ____, OTHER

Total Volunteer Personnel:

How long has this service been organized?

History:

Did this service complete the annual statewide ambulance survey this year? Yes ____ No ____ N/A ____
If no, why not?

**OUTSTANDING AMBULANCE SERVICE
AWARD NOMINATION FORM - continued**

Number, length and types of runs during last 12 months:

Unusual emergency medical services or rescue services routinely provided, or unusual circumstances routinely encountered:

Continuing Education Program during past year:

**In 500 words or less: Why should this ambulance service organization be considered outstanding?
How does it perform over and above the basic level of service provided by all ambulance services?**